

Registrar's Office · Philadelphia and Georgia Campuses  
203 Rowland Hall · 4190 City Ave · Philadelphia, PA 19131

3-5 Business Days for Processing

Tel: 215-871-6704 · Fax: 215-871-6649 · [registrar@pcom.edu](mailto:registrar@pcom.edu) · [www.pcom.edu](http://www.pcom.edu)

**Student Information: Please PRINT**

Name: \_\_\_\_\_ Banner ID: \_\_\_\_\_  
Program: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_  
Email: \_\_\_\_\_ Phone Number: (\_\_\_\_)\_\_\_\_ - \_\_\_\_\_

**Select Purpose:** ☐ Verify Enrollment ☐ Verify Good Standing

☐ Verify Current Term

☐ Verify Previous Term(s) and Year(s): ☐ Summer\_\_\_\_ ☐ Fall\_\_\_\_ ☐ Winter\_\_\_\_ ☐ Spring\_\_\_\_

**Delivery Options:** ☐ Pick Up ☐ Mail ☐ Fax ☐ Email

To: \_\_\_\_\_ If Faxing, Fax \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

My signature below authorizes the Office of the Registrar at PCOM to send my verification to the person or organization listed above.

FAX WARNING: I understand that by faxing this form I will be compromising my confidentiality and release PCOM from any liability that may arise.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REGISTRAR'S OFFICE USE ONLY BELOW**

**This is to certify that the above named student is enrolled at:**

☐ Philadelphia Campus ☐ Georgia Campus ☐ South Georgia

**Attendance Dates:** From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

**Status:** ☐ Full Time ☐ Half Time ☐ Less Than Half Time

**Matriculation Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Expected Graduation Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Degree Upon Graduation:**

☐ Doctor of Osteopathic Medicine ☐ Doctor of Psychology ☐ Master of Science ☐ Education Specialist  
☐ Post-Doctorate Certificate ☐ Certificate of Adv Grad Studies ☐ Certificate ☐ Other \_\_\_\_\_  
☐ Doctor of Pharmacy ☐ Doctor of Physical Therapy ☐ Doctor of Philosophy

**Major:**

☐ Applied Behav Analysis (Psych) ☐ Biomedical Sciences ☐ Clinical Health Psych ☐ Clinical Psychology  
☐ Clinical Neuropsychology ☐ Cognitive Behav Therapy ☐ Couns & Clin Hlth Psych ☐ Forensic Med  
☐ Organizational Dev & Leadership ☐ Physician Assistant Studies ☐ Professional Psych ☐ School Psychology  
☐ Educational Psychology ☐ Mental Health Couns ☐ Public Health Mgmt. ☐ Other \_\_\_\_\_

**This form is deemed official with the Verifying Official's Signature and PCOM Seal Affixed Below:**

*If this form is faxed to you from the Registrar's Office, 215-871-6649, the PCOM seal will not show, but is still valid.*

School Code

Verifying Official's Printed Name

Title

Official PCOM Seal

Verifying Official's Signature

Date